

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 717061 (6)
 1. Corporation Name
THREE HORIZONS, SOUTH, CONDOMINIUM, INC.

Principal Place of Business 1465 NE 123RD STREET NORTH MIAMI FL 33161	Mailing Address 1465 NE 123RD STREET NORTH MIAMI FL 33161
---	---

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified
08/28/1969

4. FEI Number
59-1438437

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GOLDSTEIN, PAMELA
1465 NE 125TH STREET #708
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable) **SAME**

83

84 City **SAME** **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Pamela Goldstein* **Pamela Goldstein, President** **1/9/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FIRKO, ROSE
STREET ADDRESS	1465 NE 123RD STREET #504
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GOLDSTEIN, PAMELA
STREET ADDRESS	1465 NE 123RD STREET #708
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DONXANSON, DEBRA
STREET ADDRESS	1465 NE 123RD STREET #PH-3
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arturo Pauwels
1.3 STREET ADDRESS	1465 NE 123 St. #502
1.4 CITY-ST-ZIP	N. Miami, FL 33161
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela Goldstein
2.3 STREET ADDRESS	1465 NE 123 St. #708
2.4 CITY-ST-ZIP	N. Miami, FL 33161
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane Rosen Rodriguez
3.3 STREET ADDRESS	1465 NE 123 St. #812
3.4 CITY-ST-ZIP	N. Miami, FL 33161
4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Evelyn Jordan
4.3 STREET ADDRESS	1465 NE 123 St. #
4.4 CITY-ST-ZIP	N. Miami, FL 33161
5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alejandra Hernangomez
5.3 STREET ADDRESS	1465 NE 123 St. #715
5.4 CITY-ST-ZIP	N. Miami, FL 33161
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Daniel Ozuna
6.3 STREET ADDRESS	1465 NE 123 St. #506
6.4 CITY-ST-ZIP	N. Miami, FL 33161

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Pamela Goldstein* **Pamela Goldstein, President** **1/9/98** **305-891-5207**

CR2E037 (10/97)